INTERNET FORM NLRB-502 (2-08)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	FORM EXEMPT UNDER 44 U.S.C.
	O NOT WRITE IN THIS SPACE
Case No.	Date Filed

(2-06)	PETITION							
INSTRUCTIONS: Submit an original of this Petit	ion to the NLRB Regiona	al Office in the	e Region in	which	the employer	concerr	ned is l	located.
The Petitioner alleges that the following circumstance	s exist and requests that t	the NLRB proc	eed under it	ts prope	er authority purs	uant to S	Section	9 of the NLRA.
1. PURPOSE OF THIS PETITION (if box RC, RM, or R statement following the description of the type of petitions are represented by the statement following the description of the type of petitioner desires to be certified as represental RM-REPRESENTATION (EMPLOYER PETIT representative of employees of Petitioner. RD-DECERTIFICATION (REMOVAL OF REP representative is no longer their representative of their employees of Petitioner. UD-WITHDRAWAL OF UNION SHOP AUTHOR COVERED by an agreement between their employee of their covered by an agreement between their employees (Check one) In unit not previously certification. Petition and their covered by the statement describing the specific amen	D is checked and a charge tion shall not be deemed m - A substantial number of cive of the employees. ION) - One or more individu. RESENTATIVE) - A substative. DRITY (REMOVAL OF OBLIVEY and a labor organizatio on is currently recognized ed. In unit previously inoner seeks amendment of	under Section 8 lade.) (Check C employees wis uals or labor org antial number of the desire that su by Employer, br certified in Cas	B(b)(7) of the one) In to be represented the one of employee the original of employee the original of the original origin	e Act has esented ave pre- es asse - Thirty be resci seeks	for purposes of sented a claim to rt that the certifipercent (30%) ounded.	collective Petition ied or contraction	Employ re barga ner to be urrently	yer named herein, the aining by Petitioner and a recognized as the y recognized bargaining oyees in a bargaining unit
2. Name of Employer	Employer Repr	resentative to co				Tel. N		0.0500
Alta Vista Regional Hospital		Brogan, Chi	ef Execu	itive C	Officer	,		6-3500
 Address(es) of Establishment(s) involved (Street and 104 Legion Drive, Las Vegas, New Mexico 87701 	d number, city, State, ZIP co	ode)				(50		4-9502
4a. Type of Establishment (Factory, mine, wholesaler,	etc.)	4b. Ider	ntify principa	l produc	t or service	Cell N	lo.	
Health Care Institution		Health	Care			e-Mai	il	
5. Unit Involved (In UC petition, describe present barg	aining unit and attach descr			ion.)		6a. N	lumber	of Employees in Unit:
Included All registered nurses, as defined in Section103.30(a Excluded All other employees, guards, watchmen and superv)(1) of the Rules and Regu	ulations of the I	National Lab		ations Board		osed (B	y UC/AC)
(If you have checked box RC in 1 above, check and co)		emplo	yees in t	tion supported by 30% or more of the he unit?* Yes No e in RM, UC, and AC
7a. Request for recognition as Bargaining Representation on or about (Date) April 24, 20 7b. Petitioner is currently recognized as Bargain 8. Name of Recognized or Certified Bargaining Agent None.	07 ning Representative and de	(If no reply rec	eived, so sta	ate).	Affiliation			
Address		Tel. N	0.	_	Date of Rec	ognition	or Cert	ification
, 144,050		Cell N	0.		Fax No.			e-Mail
9. Expiration Date of Current Contract, If any (Month, I	a	greement grant	ing union sh	op (Mor	above, show he oth, Day and Yea	r)		
11a. Is there now a strike or picketing at the Employer Involved? Yes No	\checkmark	11b, lf	so, approxin	nately he	ow many employ	ees are	particip	
11c. The Employer has been picketed by or on behalf organization, of (Insert Address)	of (Insert Name)				Since (Month,	Day, Ye	ar)	, a labor
12. Organizations or individuals other than Petitioner (and individuals known to have a representative interes	and other than those name t in any employees in unit d	d in items 8 and lescribed in item	l 11c), which n 5 above. (l	it none,	so state)	n as rep		
Name	130 Alvarado Drive, N.E.	Address	nanerane		el. No. (505) 884-77	713		ax No. 505) 884-7667
N.U.H.H.C.E., District 1199NM	Mexico 87108				Cell No.		е	-Mail
13. Full name of party filing petition (If labor organizati Richard Grogan, Chief Executive Officer		g local name an		41. 7.	N- EVE	lar	• E	No
14a. Address (street and number, city, state, and ZIP)	code)	14b, Tel. No. EXT (505) 426-3500			14c. Fax No. (505) 454-9502		454-9502	
104 Legion Drive, Las Vegas, New Mexico 87701			1.	4d. Cell	No.			ail Richard_Grogan@chs.net
15. Full name of national or international labor organiz						is filed	by a lat	bor organization)
I declare that I have read the above petition and the	nat the statements are tru		of my knowl	edge aı	nd belief.	Title /	if anv)	
Name (Print) Richard Grogan		Signature	re Title (if any) Chief Executive Officer			utive Officer		
Address (street and number, city, state, and ZIP code) 104 Legion Drive, Las Vegas, New Mexico 87701			Tel. No. (505) 4	26-3500	Fax N	100	05) 454-9502 GGrogan@chs.net
		Cell No. eMail Richard_Grogan@cris.net						

INTERNET FORM NLRB-502 (2-08)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD **PETITION**

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					

	.1111011						
INSTRUCTIONS: Submit an original of this Petition to	the NLRB Regio	nal Offic	e in the Region	in which	n the employer o	concerned	is located.
The Petitioner alleges that the following circumstances exis							
1. PURPOSE OF THIS PETITION (if box RC, RM, or RD is of statement following the description of the type of petition shared in the statement following the description of the type of petition shared in the statement following the description of the type of petition shared in the statement of the	nall not be deemed ibstantial number of the employees. One or more individent in the employees. (REMOVAL OF Old a labor organization in unit previouslates amendment of the employees.)	made.) (in the stantial in the	Check One) abor organizations umber of employ ON TO PAY DUES that such authori loyer, but Petition d in Case No.	presenter have pre rees asse s) - Thirty ty be rese er seeks	d for purposes of esented a claim to ert that the certifity percent (30%) or cinded.	collective be Petitioner to ed or curre more of em	argaining by Petitioner and be recognized as the ntly recognized bargaining uployees in a bargaining unit
Name of Employer		presentat	ive to contact			Tel. No.	
Alta Vista Regional Hospital	Richard	Groga	n, Chief Exec	cutive (Officer	(505)	426-3500
 Address(es) of Establishment(s) involved (Street and number 104 Legion Drive, Las Vegas, New Mexico 87701 	per, city, State, ZIP	code)				Fax No. (505)	454-9502
4a. Type of Establishment (Factory, mine, wholesaler, etc.)			4b. Identify princip	pal produ	ct or service	Cell No.	
Health Care Institution			Health Care			e-Mail	
5. Unit Involved (In UC petition, describe present bargaining	unit and attach des	crintion o	f proposed clarific	ation.)		6a. Numb	per of Employees in Unit:
Included All professionals except for registered nurses and physicial of the National Labor Relations Board Excluded All other employees, guards, watchmen and supervisors a	ans, as defined in S	Section10	03.30(a)(3) of the	Rules a	nd Regulations	Present 6 Proposed	(By UC/AC)
(If you have checked box RC in 1 above, check and complete	e EITHER item 7a o	or 7b. whi	chever is applicab	le)		employees	petition supported by 30% or more of the in the unit?* Yes No able in RM, UC, and AC
7a. Request for recognition as Bargaining Representa					3-RC-6518)		and Employer declined
recognition on or about (Date) April 24, 2007		(If no r	eply received, so	state).	110 00 10/		
D. C	eoresentative and d	lesires ce	rtification under th	e Act.			
7b. Petitioner is currently recognized as Bargaining Re					4 0004 44		
8. Name of Recognized or Certified Bargaining Agent (If none					Affiliation		
			Tel. No.		Affiliation Date of Reco	ognition or C	ertification
8. Name of Recognized or Certified Bargaining Agent (If none None.						ognition or C	ertification e-Mail
8. Name of Recognized or Certified Bargaining Agent (If none None.	e, so state.)	10. If yo	Tel. No. Cell No. u have checked be	ox UD in	Date of Reco	e the date o	e-Mail
8. Name of Recognized or Certified Bargaining Agent (If none None. Address 9. Expiration Date of Current Contract, If any (Month, Day, Ye.)	e, so state.)	10. If yo	Tel. No. Cell No. u have checked bent granting union	ox UD in shop <i>(Ma</i>	Date of Reco Fax No.	e the date o	e-Mail f execution of
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8. Name of Recognized or Certified Bargaining Agent (If none None. Address 9. Expiration Date of Current Contract, If any (Month, Day, Ye) 11a, Is there now a strike or picketing at the Employer's estal Involved? Yes No V 11c, The Employer has been picketed by or on behalf of (Inserganization, of (Insert Address) 12. Organizations or individuals other than Petitioner (and other and individuals known to have a representative interest in any Name	ear) blishment(s) ert Name) her than those nam y employees in unit	10. If you agreeme	Tel. No. Cell No. u have checked be not granting union at 11b. If so, approximate 8 and 11c), while d in item 5 above.	ox UD in shop (Maximately h	Date of Reco	re the date or) ees are parti Day, Year) _ n as represe	e-Mail of execution of cipating? , a labor entatives and other organizations
8. Name of Recognized or Certified Bargaining Agent (If none None. Address 9. Expiration Date of Current Contract, If any (Month, Day, Young) 11a, Is there now a strike or picketing at the Employer's estal Involved? Yes No Value No Value No Value No Value No Value No No No Value None None None None None None Name Name N.U.H.H.C.E., District 1199NM 130 A Mexical Name No.U.H.H.C.E., District 1199NM 13. Full name of party filing petition (If labor organization, given none)	ear) blishment(s) ert Name) her than those nam y employees in unit	agreeme med in item describe Address E., Suite	Tel. No. Cell No. u have checked be not granting union at 11b. If so, approximate 8 and 11c), while d in item 5 above.	ox UD in shop (Moximately had contained to the contained	Date of Reco	re the date or) ees are parti Day, Year) _ n as represe	e-Mail f execution of cipating? , a labor entatives and other organizations Fax No. (505) 884-7667
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8. Name of Recognized or Certified Bargaining Agent (If none None. Address 9. Expiration Date of Current Contract. If any (Month, Day, Young) 11a. Is there now a strike or picketing at the Employer's estal Involved? Yes No Young 11c. The Employer has been picketed by or on behalf of (Insterd organization, of (Insert Address) 12. Organizations or individuals other than Petitioner (and other and individuals known to have a representative interest in any Name N.U.H.H.C.E., District 1199NM 130 Ame 130 Ame 130 Ame 130 Ame 141. Full name of party filing petition (If labor organization, giver Richard Grogan, Chief Executive Officer)	ear) blishment(s) ert Name) her than those nam y employees in unit	10. If you agreeme the din item to describe Address E., Suite	Tel. No. Cell No. u have checked be not granting union and the second of the second	ch have characteristics, New 14b. Tel (505)	Date of Reco Fax No. 1 above, show her onth, Day and Year now many employed Since (Month, It claimed recognitions, so state) Tel. No. (505) 884-77 Cell No. No. EXT 426-3500	Day, Year) on as representation 14c. Fac. (505)	e-Mail f execution of cipating? , a labor entatives and other organizations Fax No. (505) 884-7667 e-Mail ax No. 5) 454-9502 -Mail Richard_Grogan@chs.net
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8. Name of Recognized or Certified Bargaining Agent (If none None. Address 9. Expiration Date of Current Contract. If any (Month, Day, You address) 11a, Is there now a strike or picketing at the Employer's estal Involved? Yes No You are not provided in No. 11a, Is there now a strike or picketing at the Employer's estal Involved? Yes No. 11a, Is there now a strike or picketing at the Employer's estal Involved? Yes No. 11a, Is there now a strike or picketing at the Employer's estal Involved? Yes No. 11a, Is there now a strike or picketing at the Employer's estal Involved? Yes No. 11a, Is there now a strike or picketing at the Employer's estal Involved? Yes No. 11a, Is there now a strike or picketing at the Employer's estal Involved? Yes No. 11a, Is there now a strike or picketing at the Employer's estal Involved? Yes No. 11a, Is there now a strike or picketing at the Employer's estal Involved? Yes No. 11a, Is there now a strike or picketing at the Employer's estal Involved? Yes No. 11a, Is the Em	ear) blishment(s) ert Name) her than those namely employees in unit Alvarado Drive, N.E. co 87108 re full name, including	10. If you agreemed in item describe Address E., Suite ng local n	Tel. No. Cell No. u have checked beint granting union and the second of the second o	ch have characteristics (If none (505)) 14d. Cel	Date of Reco Fax No. 1 above, show her onth, Day and Year now many employed. Since (Month, It claimed recognitions, so state) Tel. No. (505) 884-77 Cell No. No. EXT 426-3500 I No. I No. extra directions of the petition	the date of the da	e-Mail f execution of cipating? , a labor entatives and other organizations Fax No. (505) 884-7667 e-Mail ax No. 3 454-9502 -Mail Richard_Grogan@chs.net labor organization) y) ecutive Officer

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

INTERNET

UNITED STATES GOVERNMENT

		FORM	EXEMPT	UNDER	44 L	1.5.
DO NO	WRITE IN	THIS	SPACE			

Richard_Grogan@chs.net

FORM NLRB-502 NATIONAL LABOR RELATIONS BOARD Date Filed Case No. (2-08)INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located. The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA. PURPOSE OF THIS PETITION (if box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One) RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. RM-REPRESENTATION (EMPLOYER PETITION) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner. RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES) - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded. UC-UNIT CLARIFICATION- A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) In unit not previously certified. In unit previously certified in Case No. AC-AMENDMENT OF CERTIFICATION- Petitioner seeks amendment of certification issued in Case No. Attach statement describing the specific amendment sought. Employer Representative to contact Tel. No. 2. Name of Employer Alta Vista Regional Hospital Richard Grogan, Chief Executive Officer (505) 426-3500 3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Fax No (505) 454-9502 104 Legion Drive, Las Vegas, New Mexico 87701 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Identify principal product or service Cell No. e-Mail Health Care Institution Health Care 5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) 6a. Number of Employees in Unit: Present Included
All technical employees, as defined in Section103.30(a)(4) of the Rules and Regulations of the National Labor Relations Board 43 Proposed (By UC/AC) All other employees, guards, watchmen and supervisors as defined in the National Labor Relations Act 6b. Is this petition supported by 30% or more of the employees in the unit?* Yes No *Not applicable in RM, UC, and AC (If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable) 7a. Request for recognition as Bargaining Representative was made on (Date) April 10, 2007 (Case No. 28-RC-6518) and Employer declined recognition on or about (Date) April 24, 2007 (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 7b 8. Name of Recognized or Certified Bargaining Agent (If none, so state.) Affiliation Tel. No. Address Date of Recognition or Certification Fax No. Cell No. 9. Expiration Date of Current Contract, If any (Month, Day, Year) 10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year) 11a. Is there now a strike or picketing at the Employer's establishment(s) 11b. If so, approximately how many employees are participating? Involved? Yes No $\overline{\mathbf{V}}$ 11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) Since (Month, Day, Year) 12. Organizations or individuals other than Petitioner (and other than those named in items 8 and 11c), which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state) Tel. No. (505) 884-7713 Name (505) 884-7667 130 Alvarado Drive, N.E., Suite 100, Albuquerque, New N.U.H.H.C.E., District 1199NM Cell No. e-Mail Mexico 87108 13. Full name of party filing petition (If labor organization, give full name, including local name and number) Richard Grogan, Chief Executive Officer 4c. Fax No. (505) 454-9502 14a. Address (street and number, city, state, and ZIP code) 14b, Tel. No. (505) 426-3500 104 Legion Drive, Las Vegas, New Mexico 87701 14e. e-Mail Richard_Grogan@chs.net 14d. Cell No. 15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization) I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title (if any) Richard Grogan Chief Executive Officer Address (street and number, city, state, and ZIP code) Tel. No. (505) 426-3500 Fax No. (505) 454-9502 104 Legion Drive, Las Vegas, New Mexico 87701

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Cell No.

INTERNET

UNITED STATES GOVERNMENT

FORM	EXEMPT	UNDER	44	U.S.	C
					-

FORM NLRB-502 (2-08)		BOR RELATIONS BOARD PETITION		Case	No.	Date	Filed		
INSTRUCTIONS: Submit a	n original of this Petition to th	e NLRB Region	onal Offic	ce in the F	Region in wh	nich the employer	concerned	d is located.	
	following circumstances exist a								
PURPOSE OF THIS PETITI statement following the description of the petitioner desires to be representative of emplorement of the presentative of emplorement of the presentative is no UD-WITHDRAWAL O covered by an agreem UC-UNIT CLARIFICA (Check one) In LAC-AMENDMENT OF	ON (if box RC, RM, or RD is cheoription of the type of petition shall OF REPRESENTATIVE - A subsection of the e certified as representative of the ON (EMPLOYER PETITION) - Or	cked and a charge not be deemed tantial number of employees, ne or more individual (ATIVE) - A sub temoval of O a labor organiza rently recognize In unit previouseks amendment	ge under S made.) (of employe iduals or I stantial n BLIGATIO tion desire ed by Emp	Section 8(b (Check One ees wish to labor organi number of o ON TO PA) e that such bloyer, but F d in Case N	(7) of the Ac) to be represe zations have employees a ' DUES) - Tl authority be in Petitioner see	t has been filed involuted for purposes of presented a claim to a claim to a claim the certion of the control of the clarification of place that the clarifica	olving the Enforce to Petitioner of enforce	ployer named herein, the pargaining by Petitioner and to be recognized as the ently recognized bargaining mployees in a bargaining unit	
2. Name of Employer		Employer Representative to contact					Tel. No.		
	a Vista Regional Hospital Richard Grogan, Chief Executive Idress(es) of Establishment(s) involved (Street and number, city, State, ZIP code)				e Officer	/	426-3500		
 Address(es) of Establishmer 104 Legion Drive, Las Vegas 		, city, State, ZIP	code)				(505)	454-9502	
4a. Type of Establishment (Fac			T	4b. Identify	principal pro	duct or service	Cell No.		
Health Care Institution				Health Ca	re		e-Mail		
5. Unit Involved (In UC petition	, describe present bargaining un	it and attach des	scription o	of proposed	clarification.)		6a Nun	nber of Employees in Unit:	
Included All skilled maintenance emplo Relations Board	oyees, as defined in Section103	.30(a)(5) of the	Rules an	nd Regulati	ons of the N	ational Labor	Present 2 Propose	d (<i>By UC/AC</i>)	
(If you have checked box RC in a recognition of the control of th	watchmen and supervisors as on 1 above, check and complete Etion as Bargaining Representative tout (Date) April 24, 2007	ITHER item 7a	or 7b, whi	ichever is a	oplicable)	28-RC-6518)	employee	s petition supported by 30% or more of the s in the unit?*	
7b. Petitioner is current	y recognized as Bargaining Repr		desires ce	ertification u	nder the Act,	T arms as			
	tified Bargaining Agent (If none, s	so state.)				Affiliation			
None. Address				Tel. No.		Date of Rec	cognition or	Certification	
				Cell No.		Fax No.		e-Mail	
Expiration Date of Current C	ontract. If any (Month, Day, Year)				in 1 above, show he Month, Day and Yea		of execution of	
	cketing at the Employer's establis	hment(s)		11b, If so,	approximate	ly how many employ	ees are par	ticipating?	
	icketed by or on behalf of (Insert	Name)		Al-				, a labor	
organization, of (Insert Addr	-					Since (Month,	Day, Year)		
12. Organizations or individual	s other than Petitioner (and other a representative interest in any e	than those nam	ned in item	ms 8 and 11	c), which have	ve claimed recognitione, so state)	on as repres	entatives and other organizations	
Name		arado Drive, N.	Address	3		Tel. No.	713	Fax No. (505) 884-7667	
N.U.H.H.C.E., District 1199N			an ounce		201420,	Cell No.		e-Mail	
13. Full name of party filing pe Richard Grogan, Chief Execu	tition (If labor organization, give f utive Officer	ull name, includi	ng local n	name and n					
14a. Address (street and numb 104 Legion Drive, Las Vegas	s, New Mexico 87701				(50 14d. 0	Fel. No. EXT 5) 426-3500 Cell No.	(50	e-Mail Richard_Grogan@chs.net	
15. Full name of national or int	ernational labor organization of w	hich Petitioner i	s an affilia	ate or const	ituent (to be i	filled in when petition	n is filed by a	a labor organization)	
	above petition and that the st	atements are t			y knowledg	e and belief.	T-20 22	,	
Name (Print) Richard Grogan			Signati	ure			Title (if ar	y) ecutive Officer	
Address (street and number, ci				Те	I. No. (505) 426-3500	Fax No.	(505) 454-9502	
104 Legion Drive, Las Vegas, New Mexico 87701				Ce	Cell No.		eMail Richard_Grogan@chs.net		

FORM EXEMPT UNDER 44 U.S.C. UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE FORM NI RB-502 NATIONAL LABOR RELATIONS BOARD Case No (2-08) PETITION INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located. The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA. 1. PURPOSE OF THIS PETITION (if box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One) RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. RM-REPRESENTATION (EMPLOYER PETITION) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner. RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES) - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded. UC-UNIT CLARIFICATION- A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees:

(Check one) In unit not previously certified. In unit previously certified In Case No._____ AC-AMENDMENT OF CERTIFICATION- Petitioner seeks amendment of certification issued in Case No. Attach statement describing the specific amendment sought. Employer Representative to contact 2. Name of Employer Tel No. Richard Grogan, Chief Executive Officer (505) 426-3500 Alta Vista Regional Hospital 3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Fax No (505) 454-9502 104 Legion Drive, Las Vegas, New Mexico 87701 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Identify principal product or service Cell No Health Care Institution Health Care e-Mail 6a. Number of Employees in Unit: 5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) Included
All business office clerical employees, as defined in Section103.30(a)(6) of the Rules and Regulations of the National Labor Present 19 Relations Board Proposed (By UC/AC) All other employees, guards, watchmen and supervisors as defined in the National Labor Relations Act 6b. Is this petition supported by 30% or more of the employees in the unit?* Yes No *Not applicable in RM, UC, and AC (If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable) Request for recognition as Bargaining Representative was made on (Date) April 10, 2007 (Case No. 28-RC-6518) and Employer declined 7a recognition on or about (Date) April 24, 2007 (If no reply received, so state) Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Affiliation 8. Name of Recognized or Certified Bargaining Agent (If none, so state.) None Tel, No. Address Date of Recognition or Certification e-Mail Cell No. 10. If you have checked box UD in 1 above, show here the date of execution of 9. Expiration Date of Current Contract, If any (Month, Day, Year) agreement granting union shop (Month, Day and Year) 11a. Is there now a strike or picketing at the Employer's establishment(s) 11b. If so, approximately how many employees are participating? Yes No 🗸 11c. The Employer has been picketed by or on behalf of (Insert Name) organization, of (Insert Address) Since (Month, Day, Year) 12. Organizations or individuals other than Petitioner (and other than those named in items 8 and 11c), which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state) Address ax No

(505) 884-7713 (505) 884-7667

130 Alvarado Drive, N.E., Suite 100, Albuquerque, New N.U.H.H.C.E., District 1199NM Cell No. e-Mail Mexico 87108 13. Full name of party filing petition (If labor organization, give full name, including local name and number)

Richard Grogan, Chief Executive Officer

14b. Tel. No. EXT 14a. Address (street and number, city, state, and ZIP code) (505) 454-9502 (505) 426-3500 104 Legion Drive, Las Vegas, New Mexico 87701 14e, e-Mail Richard Grogan@chs.net 14d, Cell No.

15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Title (if any) Richard Grogan Chief Executive Officer Address (street and number, city, state, and ZIP code) Tel. No. (505) 426-3500 Fax No. (505) 454-9502 104 Legion Drive, Las Vegas, New Mexico 87701 eMail Richard_Grogan@chs.net Cell No.

INTERNET FORM NLRB-502

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD PETITION

_	DO NOT WRITE IN THIS SPACE
	FORM EXEMPT UNDER 44 U.S.C

DO NOT WRITE IN THIS SPACE					
Date Filed					

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All nonprofessional employees except for technical employees, skilled maintenance employees, business office clerical 62 employees, and guards, as defined in Section103.30(a)(8) of the Rules and Regulations of the National Labor Relations Board Proposed (By UC/AC) All other employees, guards, watchmen and supervisors as defined in the National Labor Relations Act 6b. Is this petition supported by 30% or more of the employees in the unit?* Yes No *Not applicable in RM, UC, and AC (If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable) Request for recognition as Bargaining Representative was made on (Date) April 10, 2007 (Case No. 28-RC-6518) and Employer declined (If no reply received, so state) recognition on or about (Date) April 24, 2007 Petitioner is currently recognized as Bargaining Representative and desires certification under the Act Affiliation 8. Name of Recognized or Certified Bargaining Agent (If none, so state.) Tel. No. Date of Recognition or Certification Address Fax No. Cell No. 10. If you have checked box UD in 1 above, show here the date of execution of 9. Expiration Date of Current Contract. If any (Month, Day, Year) agreement granting union shop (Month, Day and Year) 11b. If so, approximately how many employees are participating? 11a. Is there now a strike or picketing at the Employer's establishment(s) Involved? Yes 1 , a labor 11c. The Employer has been picketed by or on behalf of (Insert Name) Since (Month, Day, Year) organization, of (Insert Address) 12. Organizations or individuals other than Petitioner (and other than those named in items 8 and 11c), which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state) ax No (505) 884-7713 (505) 884-7667 130 Alvarado Drive, N.E., Suite 100, Albuquerque, New e-Mail N.U.H.H.C.E., District 1199NM Cell No Mexico 87108 13. Full name of party filing petition (If labor organization, give full name, including local name and number) Richard Grogan, Chief Executive Officer EXT 4c, Fax No. (505) 454-9502 14b. Tel. No. 14a. Address (street and number, city, state, and ZIP code) (505) 426-3500 104 Legion Drive, Las Vegas, New Mexico 87701 14e. e-Mail Richard_Grogan@chs.net 14d. Cell No. 15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization) I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title (if any) Name (Print) Signature Chief Executive Officer Richard Grogan Address (street and number, city, state, and ZIP code) Fax No. (505) 454-9502 Tel. No. (505) 426-3500 eMail Richard_Grogan@chs.net 104 Legion Drive, Las Vegas, New Mexico 87701 Cell No.